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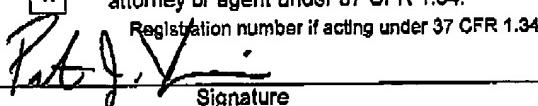
NO. 170 P. 5

OCT 16 2006

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) <b>495152000111</b>	
Application Number <b>09/837,911</b>	Filed <b>April 18, 2001</b>		
<b>For PLATING APPARATUS AND METHOD</b>			
Art Unit <b>1742</b>	Examiner	W. Leader	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	\$
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<hr/>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<hr/>
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<b>\$ 510.00</b> <hr/>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<hr/>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	<hr/>
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <b>03-1952</b> <i>I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.</i>			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i> <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. <i>Registration number if acting under 37 CFR 1.34</i> <b>44,417</b>  <b>Peter J. Yim</b> Signature _____ Typed or printed name _____			
<b>October 16, 2006</b> Date <b>(415) 288-6373</b> Telephone Number			
<input type="checkbox"/> Total of <b>1</b> forms are submitted.			

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: October 16, 2006

Signature: Valeria Cohen (Valeria Cohen)

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